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	PAT	ENT APPLIC		TEE DETE	N	RECORD		Application of Doctor Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMBI	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
	IC FEE FR 1.16(a))							s	OR		.250
	AL CLAIMS OFR 1.16(c))	8	minus 20 □	1. 1	}		x s=		ÓR	x s =	7
INDEPENDENT CLAIMS (37 CFR 1.16(b))		us .	minus 3 =	. 0			x \$=		OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+s=		OR	+5=	1	
" If the difference in column 1 is less than zero, enter "O" in column 2.					•	TOTAL		OR	TOTAL	150	
CLAIMS AS AMENDED - PART II										R THAN	
11	001:-	(Column 1)	, ,	(Column 2)	(Column 3)	ı	SMALL E	NTITY	UK I :	SMALL	
AMENDMENT A	NU	CLAIMS REMAINING AFTER : AMENDMENT	, : P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI: TIONAL FEE
	Total (37 OFR 1.18(c))	0	Minus *	20	00		x s=		QR	x \$=	
	Independent (37 CFR 1,16(b))	4	Minus **	3	- 1		x \$=		OR	x \$=	270
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+\$=		OR	+\$=	-
interior							TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	200
	W1410	(Column 1)	•	(Column 2)	(Column 3)						
AMENDMENT B	: :	CLAIMS REMAINING AFTER :	P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	: : Total pr cFR 1.16(c))	10	Minus **		Ð		x \$≃		OR_	x \$=	
	Independent (37 CFR 1.15(b))	. 4	Minus *	3	-0		x s=		OR	x s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+,	,	OR	+ \$ =	
							ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)				_		
AMENDMENT C	. !	CLAIMS REMAINING AFTER AMENDMENT	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (27 CFR 1.16(c))	•	Minus *		=		x \$=		OR	x s=	
	Independent! (37 CFR 1.16(b))	•	Minus *		=		x s=		OR	x \$=	
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+ \$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office; U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.